



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
COUNCIL ON REAL ESTATE APPRAISERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR CERTIFICATION AS AN ASSESSOR INSTRUCTIONS

When to Apply

To practice assessing in Delaware, you must hold **one** of these licenses:

- Certified Assessor, or
- Certified Residential Appraiser, or
- Certified General Appraiser

You may file an application for Certified Assessor licensure **after** you have **completed** 90 hours of qualifying education (QE). For information on assessor education, see the [International Association of Assessing Officers \(IAAO\) website](http://International Association of Assessing Officers (IAAO) website).

Requirements for All Applications

- ☐ Submit a completed, signed and notarized [Application for Certification as an Assessor](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware"
- ☐ Enclose copies of your certificates for 90 hours of QE *with test results for each examination*. At least 15 hours must be the required USPAP course.
- ☐ Submit a copy of your high school diploma, or its equivalent.
 - If you do not have a high school diploma or its equivalent, you must have *at least* two years of assessing experience. To establish your experience, submit **one** of the following:
 - Official county forms that you signed showing market value change for assessment purposes on a property or groups of properties. *You must provide four property documents per year for the past three years.*
 - Documents that you signed indicating you are responsible for defending an assessment valuation on a property or group of properties before an assessment board or similar entity.
 - Documentation indicating your responsibility in defending an assessment appeal litigation. The documents may be in the form of an appraisal or other document.
- ☐ If you have ever been licensed or certified as an assessor in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Council office to receive a letter of good standing sent *directly* from *each* jurisdiction where you have ever held assessor certification/licensure.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

When the application is considered complete, the Council will review it at its next [meeting](#). If approved, the Council office will notify you.



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APPLICATION FOR CERTIFICATION AS AN ASSESSOR

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last First M.I.
2. Other Names Used: _____
(Include maiden, other married, alternative spellings.)
3. Date of Birth (month/day/year): _____ Gender: ☐ Male ☐ Female
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. **Mailing** (Residence) Address: _____

City State Zip code
6. Phone: _____ Email: _____

EDUCATION

7. Do you have a high school diploma or its equivalent? Yes ☐ No ☐ **If yes, submit a copy of your high school diploma. If no, provide proof of two years of assessing experience. See *Instructions* for details.**
8. List each qualifying assessor appraisal education course you have completed. If you need more room you may enclose a separate sheet.

COURSE TITLE	SPONSOR NAME	DATE COMPLETED (month/year)	HOURS COMPLETED

Enclose copies of your certificates for 90 hours of QE with test results for each examination. At least 15 hours must be the required USPAP course.

9. Have you ever been licensed or certified as an assessor in any jurisdiction? Yes ☐ No ☐ If yes, list all jurisdictions:

JURISDICTION	LICENSE NUMBER

10. Are you presently employed by a government entity or revaluation company on contract with a governmental entity for real estate tax assessment for *ad valorem* taxation purposes? Yes ☐ No ☐
11. Are you directly responsible for the valuation of real property for *ad valorem* taxation purposes? Yes ☐ No ☐ **If yes, enter the date you assumed this responsibility:** _____
12. Enter the following information about your employment for the past five years. Begin with your present employment below and, working backward, continue with your former employers on the next page. Enclose additional sheets as needed.

Employer/Agency Name: _____

Employer Address: _____

City	State	Zip
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Employer Phone: _____ Your Position/Title: _____

Employment Dates: _____
From (month/year) To (month/year)

Supervisor Name: _____ Delaware Assessor License No. X6 - _____

Describe your job duties:

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You may copy this page if necessary.

FORMER EMPLOYER

Employer/Agency Name: _____

Employer Address: _____

City State Zip

Employer Phone: _____ Your Position/Title: _____

Employment Dates: _____
From (month/year) To (month/year)

Supervisor Name: _____

Describe your job duties:

FORMER EMPLOYER

Employer/Agency Name: _____

Employer Address: _____

City State Zip

Employer Phone: _____ Your Position/Title: _____

Employment Dates: _____
From (month/year) To (month/year)

Supervisor Name: _____

Describe your job duties:

FORMER EMPLOYER

Employer/Agency Name: _____

Employer Address: _____

City State Zip

Employer Phone: _____ Your Position/Title: _____

Employment Dates: _____
From (month/year) To (month/year)

Supervisor Name: _____

Describe your job duties:

DISCLOSURES

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
14. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
15. Have you ever received any administrative penalties (disciplines) regarding your practice as an assessor, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a copy of the agency's order and a written explanation.**
16. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes ☐ No ☐ **If yes, submit a written explanation.**
17. Do you have any impairment related to drugs or alcohol that would limit your ability to act as an assessor in a manner consistent with the safety of the public? Yes ☐ No ☐ **If yes, submit a written explanation.**
18. Do you understand that you must report changes in your contact information or employer within 10 days?
Yes ☐ No ☐

To assure consideration of your license application at the next Council meeting, the Council office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all assessor laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Council on Real Estate Appraisers including providing relevant documents and personally appearing before the Council and/or its investigators.

Applicant Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.